### \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

A I	or the	e 2013 calendar year, or tax year beginning $$ AUG $$ 22 , $$ 2013 $$ and	d ending J	UL 31, 201	.4				
B	Check if applicable	C Name of organization		D Employer ident					
	Addre	SS AMERICA NEXT, INC							
	Name chang Initial		1	46-	3681383				
X	ber								
L	Termir ated	FO BOX 320900		770	-262-1022				
L	Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,405,281.				
	Application	ALEXANDRIA, VA 22320		H(a) Is this a group return					
	pendi	F Name and address of principal officer: BLAISE HAZELWOOD		for subordina	tes? Yes X No				
707 PRINCE STREET, ALEXANDRIA, VA 22314 H(b) Are all subordinates included? Yes N									
		empt status: 501(c)(3)	) or 527	If "No," attach	a list. (see instructions)				
		te: WWW.AMERICANEXT.ORG	•	H(c) Group exemp					
		forganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2013	M State of legal domicile: VA				
Pa	art I	Summary							
ø	1	Briefly describe the organization's mission or most significant activities: AMEI							
Governance		FOR THE PURPOSE OF EDUCATING THE PUBLIC	ON AND	) ADVOCATIN	G FOR				
ar.		Check this box			assets.				
ŏ		Number of voting members of the governing body (Part VI, line 1a)			3 5				
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b)			3 5 4 5 5 2				
es		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			5 2				
Activities		Total number of volunteers (estimate if necessary)			6 0				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			<u>0.</u>				
_	b	Net unrelated business taxable income from Form 990-T, line 34	·····		'b 0.				
Revenue				Prior Year	Current Year				
		Contributions and grants (Part VIII, line 1h)			2,404,792.				
		Program service revenue (Part VIII, line 2g)			0.				
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			489.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,405,281.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.				
		Benefits paid to or for members (Part IX, column (A), line 4)			0.				
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10			153,901.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			142,500.				
χ̈́		Total fundraising expenses (Part IX, column (D), line 25)			4 4 7 4 9 9 4				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,151,084.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,447,485.				
. 0		Revenue less expenses. Subtract line 18 from line 12			957,796.				
Net Assets or Fund Balances			Ве	ginning of Current Yea					
sset 3ala	20	Total assets (Part X, line 16)			957,795.				
etA	21	Total liabilities (Part X, line 26)			0.				
		Net assets or fund balances. Subtract line 21 from line 20			957,795.				
	art II	Signature Block							
		alties of perjury, I declare that I have examined this return, including accompanying schedu			my knowledge and belief, it is				
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of v	vnich preparei	nas any knowledge.					
		Signature of officer		Date					
Sig		, ,		Date					
Her	е	JIMMY FAIRCLOTH, CHAIRMAN ELECT Type or print name and title							
			11	Date Check	Y PTIN				
Da!a		Print/Type preparer's name  Preparer's signature	'	if					
Paid		JEREMY KLIBERT	Self-em						
	Only	Firm's name FAULK & WINKLER, LLC		Firm's EIN	72-0999988				
use	Only	Firm's address 6811 JEFFERSON HIGHWAY		Dha /	225\027 6011				
N 4 -	. 414 - 11	BATON ROUGE, LA 70806		Pnone no. (	225)927-6811				
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No Form 990 (2013)				
3320	10-2	was a line for Panerwork Requirtion art Notice see the senarate instriict	111111111111111111111111111111111111111		Form <b>330</b> (2013)				

Pa	rt III Statement of Program Service Accomplishments									
	Check if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission:									
	AMERICA NEXT, INC. WAS FORMED FOR THE PURPOSE OF EDUCATING THE PUBLIC									
	ON AND ADVOCATING FOR CONSERVATIVE AND FREE MARKET SOLUTIONS TO POLICY									
	PROBLEMS FACING SOCIETY.									
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No									
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No									
3	If "Yes," describe these changes on Schedule O.									
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.									
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and									
	revenue, if any, for each program service reported.									
4a	(Code:) (Expenses \$1, 099, 482. including grants of \$) (Revenue \$)									
	AMERICA NEXT CONDUCTS INDEPENDENT RESEARCH AND ANALYSIS OF VARIOUS									
	PUBLIC POLICY ISSUES, WHICH ARE THEN USED TO DEVELOP INNOVATIVE PUBLIC									
	POLICY SOLUTIONS THAT ARE BASED ON CONSERVATIVE, FREE MARKET									
	PRINCIPLES.									
	<del></del>									
4b	(Code:) (Expenses \$									
	·									
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)									
	/ (LAPPINGE \$									
4d	Other program services (Describe in Schedule O.)									
Tu	(Expenses \$ including grants of \$ ) (Revenue \$ )									

1,099,482.

4e Total program service expenses

Form 990 (2013) AMERICA NEXTE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h	ı	

Form 990 (2013) AMERICA NEXT, INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		Х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I	OEL		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		Λ
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
		26		х
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		- 21
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77	
	Part V, line 1	34	X	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		-23
55	Note. All Form 990 filers are required to complete Schedule O	38	х	

# Form 990 (2013) AMERICA NEXT, INC Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V							
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming					
	(gambling) winnings to prize winners?			1c	Х			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	2					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	rity over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	If "Yes," enter the name of the foreign country: ▶							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	)	5b		Х		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible as charitable contributions?			6a	Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts					
	were not tax deductible?			6b	X			
7	Organizations that may receive deductible contributions under section 170(c).							
а								
b	, , , , , , , , , , , , , , , , , , , ,							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired					
	to file Form 8282?		 I	7c				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e				
е								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the per			7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations provided funds and section 500(a)(2) supporting organizations.			7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			0				
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at Sponsoring organizations maintaining donor advised funds.	ally IIII	ie during the year!	8				
	Did the organization make any taxable distributions under section 4966?			9a				
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:			36				
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders	11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
	Pid the consolication was in a second of the fact that the			14a		Х		
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	e O		14b				

AMERICA NEXT INC

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X	
Sec	tion A. Governing Body and Management				1		
		ı	1 _		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		_				
b	Enter the number of voting members included in line 1a, above, who are independent	_1b	5	<u> </u>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi			_			
	officer, director, trustee, or key employee?			2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the					37	
_	of officers, directors, or trustees, or key employees to a management company or other person?			<u>3</u> 4		X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X	
6	Did the organization have members or stockholders?			6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximate the governing hadron	-		7-		v	
<b>L</b>	more members of the governing body?			7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, spersons other than the governing body?			7b		Х	
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year			76		Λ	
8	The governing body?	-	-	8a	Х		
a				8b	X		
ь 9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			OD	- 21		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	icrieu	at tile	9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code )				
	(				Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such cl						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	iflicts?	12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," a	escribe				
	in Schedule O how this was done			12c	Х		
13	Did the organization have a written whistleblower policy?			13	X		
14	Did the organization have a written document retention and destruction policy?			14	X		
15	Did the process for determining compensation of the following persons include a review and approve		ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official			15a	X		
b	Other officers or key employees of the organization			15b	X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger						
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to ev		-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?			16b			
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ► NONE						
17 18	List the states with which a copy of this Form 990 is required to be filed ► NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(\$00	ion 501(c)(3)s only)	availah	مام		
10	for public inspection. Indicate how you made these available. Check all that apply.	(Jec	.ioi1 00 1(0)(0)3 01119)	uvallal	VIC.		
	Own website Another's website X Upon request Other (explain	in So	hedule (1)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		,	d finar	ncial		
	statements available to the public during the tax year.	ot	or interest policy, ar	a mai	Join		
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organiza	tion· 🖿	•		
	FAULK & WINKLER, LLC - (225) 927-6811						
	6811 JEFFERSON HWY BATTON ROLLGE I.A 70806						

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an					one	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of	
	week	offi	officer and a c		a director/trustee)			from	from related	other	
	(list any hours for related organizations below line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) ROLFE MCCOLLISTER, JR	2.00	37		37					0.	0	
CHAIRMAN	1.00	Х		Х				0.	0.	0.	
(2) JEFFERSON ANGERS	1.00	Х						0.	0.	0.	
DIRECTOR	1.00	Λ						0.	0.	0.	
(3) JIMMY FAIRCLOTH, JR DIRECTOR	1.00	Х						0.	0.	0.	
(4) JAMES MOORE	1.00	25						0.	•	<u>.</u>	
DIRECTOR		х						0.	0.	0.	
(5) DAWN VICK	1.00							•	•		
DIRECTOR		Х						0.	0.	0.	
(6) JILL E. NEUNABER	40.00										
EXECUTIVE DIRECTOR				Х				13,333.	0.	0.	

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(do box offic	not c	Pos heck ess pe	ition more rson	1 than is bot	one h an	(D) (E)  Reportable Reportable compensation compensation from from related			(F) Estimated amount of other		
		(list any hours for related organizations below	Individual trustee or director	institutional trustee	er	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e ion ed
		line)	Indiv	Insti	Officer	Keye	High	Former						
С	Sub-total Total from continuation sheets to Part V	I, Section A							13,333. 0. 13,333.		0. 0.			0.
2	Total (add lines 1b and 1c)  Total number of individuals (including but r compensation from the organization								•	,000 of reportable				C
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	ım of reportab 0,000? <i>If</i> "Yes,	le co " <i>co</i>	mple mple	ensa ete S	atior Sche	n and edul	d otl e <i>J f</i>	her compensation from for such individual	the organization		4		Х
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comtion B. Independent Contractors	•				•			ed organization or indivi	dual for services		5		Х
1	Complete this table for your five highest contact the organization. Report compensation for										pens			
	(A) Name and business	address	N	INC	3				<b>(B)</b> Description of s	ervices	C	(C Compe	c) nsation	1
2	Total number of independent contractors (i \$100,000 of compensation from the organi	· ·	ot li	mite	d to		se li	stec	d above) who received m	ore than				
	wise, soo or compensation nom the organi	241011										Form	990 (	2013

Form 990 (2013) AMERICA
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	_	Membership dues						
s, C Am	(	Fundraising events	1c					
ar,	(	d Related organizations						
imi	•	e Government grants (contributi	ions) <b>1e</b>					
rior S	1	F All other contributions, gifts, grant	ts, and					
ibu		similar amounts not included abov	/e <b>1f 2</b> ,	404,792.				
d of	Ç	Noncash contributions included in lines						
<u>3 E</u>	ŀ	n Total. Add lines 1a-1f		<b></b>	2,404,792.			
				Business Code				
ce	2 8	a						
ervi Je	ŀ	o						
n Si	(	c						
ran Pev	(	d						
Program Service Revenue	•	e						
Д.	1	f All other program service reve	nue					
		Total. Add lines 2a-2f		<b></b>				
	3	Investment income (including						
		other similar amounts)			489.			489.
	4	Income from investment of tax		-				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a							
	ŀ	Less: rental expenses			_			
	(	Rental income or (loss)						
	(	d Net rental income or (loss)						
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other	_			
		assets other than inventory			-			
	ı	b Less: cost or other basis						
		and sales expenses			-			
	(	Gain or (loss)						
	(	d Net gain or (loss)		······ <u> </u>				
ine	8 8	<ul> <li>Gross income from fundraising including \$</li> </ul>	`					
Other Reven		·						
Re		contributions reported on line						
her		Part IV, line 18			-			
ō		Net income or (loss) from fund						
		a Gross income from gaming ac						
	5 (	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam						
		a Gross sales of inventory, less	-					
		and allowances						
	ı	Less: cost of goods sold						
		Net income or (loss) from sales						
ţ		Miscellaneous Revenue		Business Code				
ļ	11 :	a						
		o						
		d All other revenue						
		e Total. Add lines 11a-11d						
	40	Total revenue See instructions			2 405 281	0	0	489

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... 117,129. 93,703. 23,426. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 32,708. 26,166. 6,542. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 4,064. 3,251. 813. Payroll taxes 10 Fees for services (non-employees): 11 Management 110,107. 110,107. b Legal  $13,6\overline{71}$ 13,671 Accounting Lobbying 142,500 142,500. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 701,226. 694,583. 1,363. 5,280. column (A) amount, list line 11g expenses on Sch O.) 236,540, 236,540. 12 Advertising and promotion 28,690. 28,690. Office expenses 13 14 Information technology 15 Royalties 15,262. 15,262. 16 Occupancy 41,388. 41,388. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates ..... 21 460. 230. 230 Depreciation, depletion, and amortization ..... 22 Insurance 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a <u>MEALS AND</u> ENTERTAINMENT 2,380. 2,261. 119. FILING FEES 1,360. 1,360. h All other expenses е 1,447,485. 1,099,482. 200,223. 147,780. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2013)

Part X | Balance Sheet

Га	ιΛ	Dalatice Stieet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			<u></u>
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	954,155.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L			5		
	6	Loans and other receivables from other disquali	rsons (as defined under				
		section 4958(f)(1)), persons described in section	า 4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	ete Part II of Sch L		6		
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,100.			
	b	Less: accumulated depreciation		460.	0.	10c	3,640.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			0.	16	957,795.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
jab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117 (ASC 958		k here ▶			
ses		complete lines 27 through 29, and lines 33 an					055 505
anc	27	Unrestricted net assets			0.	27	957,795.
Bal	28	Temporarily restricted net assets				28	
DG .	29					29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958	B), check here			
S O		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net	32	Retained earnings, endowment, accumulated in			^	32	057 705
_	33	Total net assets or fund balances		·····	0.	33	957,795.
	34	Total liabilities and net assets/fund balances			0.	34	957,795.

	1990 (2015) AMERICA NEXI, INC	<del>1</del> 0 30	$0 \pm 3 0 3$	гац	4C 14			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,40					
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3	95'	7,7	96			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
	<u> </u>			Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ite basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc	hedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit						

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2013)

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#### Schedule B (Form 990, 990-EZ,

or 990-PF)

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and OMB No. 1545-0047

Department of the Treasury Internal Revenue Service its instructions is at www.irs.gov/form990. Employer identification number Name of the organization AMERICA NEXT, INC 46-3681383

Organization type (check one):									
Filers of	f:	Section:							
Form 99	0 or 990-EZ	X 501(c)( 4 ) (enter number) organization							
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
		527 political organization							
Form 990-PF		501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General	Rule								
X	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.							
Special	Rules								
	509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
	contributions for us If this box is checked purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year							
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

#### AMERICA NEXT, INC

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	ial space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>100,000.</u>	Person X Payroll

Employer identification number

#### AMERICA NEXT, INC

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll

Employer identification number

#### AMERICA NEXT, INC

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$	Person X Payroll

Employer identification number

#### AMERICA NEXT, INC

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

AMERICA NEXT,	INC
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Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$ <u>25,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$	Person X Payroll

Employer identification number

#### AMERICA NEXT, INC

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$\$	Person X Payroll

Employer identification number

AMER	ICA	NEXT,	INC
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Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### AMERICA NEXT, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$10,000.	Person X Payroll

Employer identification number

AMER	ICA	NEXT,	INC

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>51</u>		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>52</u>		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>54</u>		\$50,000.	Person X Payroll

Employer identification number

#### AMERICA NEXT, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>55</u>		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
56		\$ 20,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>57</u>		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
58		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>59</u>		\$10,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
60		\$10,000.	Person X Payroll			

Employer identification number

#### AMERICA NEXT, INC

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	nal space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
61		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
62		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
63		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
64		\$ 25,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
65		\$ 25,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
66		\$5,000.	Person X Payroll			

Employer identification number

#### AMERICA NEXT, INC

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	ional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
67		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
68		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
69		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
70		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
71		\$ 5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
72		\$ 75,000.	Person X Payroll			

Employer identification number

#### AMERICA NEXT, INC

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	onal space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
73		\$ 60,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
74		\$ 5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>75</u>		\$ 5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
76		\$ 45,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
77		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
78		\$5,000.	Person X Payroll			

Employer identification number

#### AMERICA NEXT, INC

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	cional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
79		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
80		\$ 25,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
81		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
82		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
83		\$10,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
84		\$5,000.	Person X Payroll			

Employer identification number

#### AMERICA NEXT, INC

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	dditional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
85		\$ 25,000.  Person X Payroll Noncash (Complete Part II for noncash contribution)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
86		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
87		\$10,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
88		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
89		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
90		\$\$	Person X Payroll			

Employer identification number

#### AMERICA NEXT, INC

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	nal space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
91		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
92		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
93		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
94		\$ 25,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
95		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
96		\$5,000.	Person X Payroll			

Employer identification number

#### AMERICA NEXT, INC

Parti	COntributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
97		\$\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
98		5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
99		5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
100		-   \$ <u>10,000.</u>  -	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
101		- - \$\$000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		_ _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number

AMERICA NEXT, INC

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		 _ _				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		 _ _ _ \$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		  \$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		 \$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		 _ _				

ERICA	NEXT , INC Exclusively religious, charitable, etc., individu	ral contributions to section 501(c)	46-3	3681383
11 ( 111	year. Complete columns (a) through (e) and the f the total of exclusively religious, charitable, etc., or	ollowing line entry. For organizatio	ons completing Part III, enter	more man wi,ooo ie
	Use duplicate copies of Part III if additional s		the year. (Enter this information once.)	
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of I	now gift is held
_   -				
_		(e) Transfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to	transferee
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of I	now gift is held
-				
		(e) Transfer of gift	t	
_	Transferee's name, address, and	ZIP + 4	Relationship of transferor to	transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of I	now gift is held
_   _				
	Transferee's name, address, and	(e) Transfer of giff	Relationship of transferor to	transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of I	now gift is held
- -				
		(e) Transfer of gift	t	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to	transferee

#### **SCHEDULE D**

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Employer identification number

	AMERICA NEXT, INC		46-3681383
Par			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
			Yes No
Par	rt II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990, P	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure		
d			
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements d	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and en	nforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
_	conservation easements.		
Par	rt III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	bition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

	dule D (Form 990) 2013 AMERICA							<u>46-36</u>			age <b>2</b>
Par	t III   Organizations Maintaining C	ollections	of Art, His	torical Tr	easures,	or Other	Simila	ar Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accession	on, and other	records, ched	ck any of the	following that	at are a sigr	nificant	use of its	collection	n item	ıs
	(check all that apply):										
а	Public exhibition		d 🖳	Loan or exc	hange progr	ams					
b	b Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and	explain how t	hey further t	he organizat	ion's exemp	ot purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit or	receive dona	ations of art, h	nistorical trea	sures, or oth	ner similar a	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		Complete if th	e organizatio	n answered	"Yes" to Fo	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other in	termediary fo	r contributior	ns or other as	ssets not in	cluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete	the following	table:							
									Amount	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if	the organiza	tion answered	d "Yes" to Fo	orm 990, Part	IV, line 10.					
		(a) Current	year (b)	Prior year	(c) Two yea	rs back (d	<b>)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end	balance (line	1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		<u>%</u>								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶		_%								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%	6.								
За	Are there endowment funds not in the posses	ssion of the o	rganization th	at are held a	and administe	ered for the	organiz	zation	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" to 3a(ii), are the related organizations	listed as requ	uired on Sche	edule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" to For	m 990, Part I'	V, line 11a. S	See Form 990	), Part X, lin	e 10.				
	Description of property		st or other nvestment)		t or other (other)	(c) Acc depre	umulate eciation		(d) Bool	k valu	е
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
_,											

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2013

3,640.

460

4,100

Part VII	Investments -	Other Securities
	0	

	Complete if the organization answered "Yes" t			
	tion of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or end-of-year market value
1) Financia	ıl derivatives			
	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" t	o Form 990, Part IV, li	ne 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	o) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
Part IX	Other Assets.  Complete if the organization answered "Yes" t	o Form 990. Part IV. li	ne 11d. See Form 990.	Part X. line 15.
Part IX	Complete if the organization answered "Yes" t	o Form 990, Part IV, li Description	ne 11d. See Form 990,	
	Complete if the organization answered "Yes" t		ne 11d. See Form 990,	Part X, line 15.  (b) Book value
(1)	Complete if the organization answered "Yes" t		ne 11d. See Form 990,	
(1)	Complete if the organization answered "Yes" t		ne 11d. See Form 990,	
(1) (2) (3)	Complete if the organization answered "Yes" t		ne 11d. See Form 990,	
(1) (2) (3) (4)	Complete if the organization answered "Yes" t		ne 11d. See Form 990,	
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes" t		ne 11d. See Form 990,	
(1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" t		ne 11d. See Form 990,	
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" t		ne 11d. See Form 990,	
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" t		ne 11d. See Form 990,	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" t	Description	ne 11d. See Form 990,	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" t  (a) [  (a) [  (b) must equal Form 990, Part X, col. (B) line	Description	ne 11d. See Form 990,	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" to (a) [Complete if the organization answered "Yes" to (b) [Complete if the organization answered "Yes" to (a) [Complete if the or	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colur Part X	Complete if the organization answered "Yes" to (a) [Complete if the organization answered "Yes" to (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (complete if the organization answered "Yes" to (a) [Complete if the organization answered "Yes" to (b) must equal Form 990, Part X, col. (B) line (complete if the organization answered "Yes" to (b) must equal Form 990, Part X, col. (B) line (complete if the organization answered "Yes" to (b) must equal Form 990, Part X, col. (B) line (complete if the organization answered "Yes" to (complete if the organizatio	Description	ne 11e or 11f. See Forn	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Colur Part X	Complete if the organization answered "Yes" t  (a) [  mn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" t  (a) Description of liability	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X)	Complete if the organization answered "Yes" to (a) [Complete if the organization answered "Yes" to (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (complete if the organization answered "Yes" to (a) [Complete if the organization answered "Yes" to (b) must equal Form 990, Part X, col. (B) line (complete if the organization answered "Yes" to (b) must equal Form 990, Part X, col. (B) line (complete if the organization answered "Yes" to (b) must equal Form 990, Part X, col. (B) line (complete if the organization answered "Yes" to (complete if the organizatio	Description	ne 11e or 11f. See Forn	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X)	Complete if the organization answered "Yes" t  (a) [  mn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" t  (a) Description of liability	Description	ne 11e or 11f. See Forn	(b) Book value
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(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X)  (1) Feedo (2) (3) (4) (5)	Complete if the organization answered "Yes" t  (a) [  mn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" t  (a) Description of liability	Description	ne 11e or 11f. See Forn	(b) Book value
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(1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X)  1. (1) Feda (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" t  (a) [  mn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" t  (a) Description of liability	Description  15.)  O Form 990, Part IV, li	ne 11e or 11f. See Forn	(b) Book value

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Net unrealized gains on investments  Donated services and use of facilities  Recoveries of prior year grants  Part (lines 2a through 2d 2c	<del></del>	Incial Statements With Rever	ide per neturii.
Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains on investments  2a  Donated services and use of facilities  Recoveries of prior year grants  2c  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  4a  Other (Describe in Part XIII.)  Add lines 4a and 4b  Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial Statements With Expenses per Return.  Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25; but not on line 1:  Investment expenses not included on Form 990, Part IV, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Other (Describe in Part XIII.)  At line 2: Part X line 2: Part X, lin			
Net unrealized gains on investments			1
Donated services and use of facilities  Recoveries of prior year grants  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.)  5 t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.)  Expenses the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Pa		l l	
Recoveries of prior year grants			
Other (Describe in Part XIII.)         2d           Add lines 2a through 2d         2e           Subtract line 2e from line 1         3           Amounts included on Form 990, Part VIII, line 12, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         4a           Other (Describe in Part XIII.)         4b         4c           Add lines 4a and 4b         4c         5           Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         5         tXII Peconciliation of Expenses per Audited Financial Statements With Expenses per Return.           Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         1         1           Total expenses and losses per audited financial statements         1         1           Amounts included on line 1 but not on Form 990, Part IX, line 25:         2a         1           Donated services and use of facilities         2a         2a           Prior year adjustments         2b         0           Other losses         2c         0           Other (Describe in Part XIII.)         2d         2d           Add lines 2a through 2d         2e         2e           Subtract line 2e from line 1         3         3           Amounts included on Form 990, Part IX, line 25, but not on line 1:         1			
Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 4a and 4b  Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.)  Total expenses and losses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part IX, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.)  t XIII Supplemental Information.			
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Other (Describe in Part XIII.)  Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  5  t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X			
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Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Example 1		•	inses per neturn.
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t XIII Supplemental Information.  When the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X			
e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X		Part I, line 18.)	5
			rait v, iiile 4, Part A, IIIIe 2; Part X

#### **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Inspection

Name of the organization						Employer ide	ntification number
AMERICA	NEXT, INC					46-3681	383
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answ t.</li> </ul>	ered "Y	'es" to	Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the</li> </ul>	e Solicita f Solicita g Specia  or oral agreement with any individual eart VII) or entity in connection with prividuals or entities (fundraisers) purs	ation of ation of I fundra al (includ profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
THE EH MURRAY GROUP - 6510	VARIOUS INTERNET, EMAIL,	Yes	No				
ANNA MARIA CT, MCLEAN, VA	AND PHONE SOLICITATIONS.		Х	2,404,792.		112,500.	2,292,292.
THE BAUTSCH GROUP - 2023	VARIOUS INTERNET, EMAIL,						
NORTH WOODCHASE CT, BATON	AND PHONE SOLICITATIONS.		Х	2,404,792.		112,500.	2,292,292.
Total			<b>•</b>	4.809.584.		225,000.	4,584,584.
List all states in which the organization or licensing.			putions	s or has been notified	d it is	exempt from re	

Pa		of fundraising event contributions and g	ross income on Form 9	90-EZ, lines 1 and 6b. List e	events with gross recei	ipts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
ē			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue		Grass receipts				
Re	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	3	Gross interne (international inter)				
	4	Cash prizes				
	5	Noncash prizes				
ses	э	Noncash phizes				
Direct Expenses	6	Rent/facility costs				
X EX	7	Food and beverages				
Direc	′	1 000 and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10					
Pa	11 art			m 990 Part IV line 19 or r	enorted more than	
		\$15,000 on Form 990-EZ, line 6a.	raneworda 100 to 101		oportou more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Ве		Gross revenue				
	·	GIOSSO TOVOTIGO				
ses	2	Cash prizes				_
Direct Expenses	3	Noncash prizes				
t.		Noneasii piizes				
ĕ	4					
Dire	4	Rent/facility costs				
Direc	4 5					
Direc	5	Rent/facility costs  Other direct expenses	Yes 9	6 Yes %	Yes%	
Direc		Rent/facility costs  Other direct expenses		% Yes%	Yes %	
Direc	5	Rent/facility costs  Other direct expenses	Yes9		No No	
Direc	5 6 7	Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes9 No gh 5 in column (d)	No No	No P	,
Direc	5 6 7	Rent/facility costs  Other direct expenses  Volunteer labor	Yes9 No gh 5 in column (d)	No No	No P	
9	5 6 7 8	Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines ter the state(s) in which the organization operation.	Yes 9 No  sh 5 in column (d) 7 from line 1, column (d) ates gaming activities:	No No	No	
9 a	5 6 7 8 En	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines ter the state(s) in which the organization operate organization licensed to operate gaming a	Yes 9 No  9h 5 in column (d) 7 from line 1, column (d) ates gaming activities: activities in each of thes	No No	No	
9 a	5 6 7 8 En	Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines ter the state(s) in which the organization operation.	Yes 9 No  9h 5 in column (d) 7 from line 1, column (d) ates gaming activities: activities in each of thes	No No	No	
9 a	5 6 7 8 En i ls t	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines ter the state(s) in which the organization operate organization licensed to operate gaming a No," explain:	Yes 9 No  gh 5 in column (d) 7 from line 1, column (d) ates gaming activities:	No No	No ►	Yes No
9 a b	5 6 7 8 En 1 Is 1 1 We	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines ter the state(s) in which the organization operate organization licensed to operate gaming a	Yes9 No  gh 5 in column (d) 7 from line 1, column (d) ates gaming activities: activities in each of these	e states?	No ►	Yes No

Schedule G (Form 990 or 990-EZ) 2013 AMERICA NEXT, INC	46-3681	383	Page 3
11 Does the organization operate gaming activities with nonmembers?		Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	l		
to administer charitable gaming?		Yes	☐ No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a		%
<b>b</b> An outside facility	13b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	cords:		
Name ▶			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the a	ımount		
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name ▶			
Address			
16 Gaming manager information:			
Name >			
Gaming manager compensation ▶ \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		Yes	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or specific	ent in the		
organization's own exempt activities during the tax year ▶ \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	nd Part III, lines 9,	9b, 10	b, 15b,
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instr	uctions).		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUND	RAISERS:		
(I) NAME OF FUNDRAISER: THE EH MURRAY GROUP			
(I) ADDRESS OF FUNDRAISER: 6510 ANNA MARIA CT, MCLEAN, VA	22101		
(I) NAME OF FUNDRAISER: THE BAUTSCH GROUP			
		-	0000
(I) ADDRESS OF FUNDRAISER: 2023 NORTH WOODCHASE CT, BATON	KOUGE, LA	. 7	8080
PART I. LINE 2:			

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

AMERICA NEXT, INC Employer identification number 46-3681383

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONSERVATIVE AND FREE MARKET SOLUTIONS TO POLICY PROBLEMS FACING
SOCIETY.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: FORM 990 IS REVIEWED BY THE ENTIRE BOARD OF DIRECTORS AND
EXECUTIVE DIRECTOR AND APPROVED PRIOR TO FILING WITH THE INTERNAL REVENUE
SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: ALL OFFICERS AND DIRECTORS SIGN AN ANNUAL CONFLICT OF INTEREST
POLICY.
FORM 990, PART VI, SECTION B, LINE 15:
EXPLANATION: COMPENSATION SHALL BE REVIEWED AND APPROVED BY THE BOARD OF
DIRECTORS USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED
PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SIZED
ORGANIZATIONS.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE ORGANIZATION WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:

AMERICA NEXT, INC	Employer identification number 46-3681383
PROGRAM SERVICE EXPENSES	239,583.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	239,583.
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	455,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	455,000.
PAYROLL PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,363.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,363.
DONATION PROCESSING FEES :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	5,280.
TOTAL EXPENSES	5,280.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	701,226.

#### **SCHEDULE R** (Form 990)

### **Related Organizations and Unrelated Partnerships**

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

► See separate instructions.

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

AMERICA NEXT,	INC					46-36813	183	
Part I Identification of Disregarded Entities Complete	ete if the organization answered "Yes	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity			(e) me End-of-year		Direct c	<b>(f)</b> controlling ntity	9
	_							
Part II Identification of Related Tax-Exempt Organi organizations during the tax year.	zations Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34 b	ecause it had one o	or more r	elated tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f) ct controlling entity	contr	g) 512(b)(13) rolled ity?
BELIEVE AGAIN PAC - 46-5051289 P.O. BOX 5101	INFLUENCE FEDERAL ELECTIONS AND ENGAGE IN			501(c)(3))			Yes	No
BATON ROUGE, LA 70821	POLITICAL ACTIVITIES.	LOUISIANA	527					Х

Page 2

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	alloca	ortionate tions?	amount in box 20 of Schedule	Gener mana partn	Percent owners	ntage
		Country)		30000110 612 6117			res	No	1 (1 01111 1000)	res	NO	
	-											
	-											

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related Part IV organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	

Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transaction		-				
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity						Х
	Gift, grant, or capital contribution to related organization(s)						Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				. 1j		Х
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
ı	Performance of services or membership or fundraising solicitations for related organizations	anization(s)			11		Х
	Performance of services or membership or fundraising solicitations by related organizations						Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organizat						Х
	Sharing of paid employees with related organization(s)						Х
			•••••				
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses						Х
•	1 7 3 (7 1						
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)						Х
	If the answer to any of the above is "Yes," see the instructions for information on v				.0		
		•		•			
	<b>(a)</b> Name of related organization	(b) Transaction	(c) Amount involved	<b>(d)</b> Method of determining amount i	nvolved		
	· ·	type (a-s)					
1)							
2)							
3)							
-,							
4)							
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5)							
-1							
6)							
<u>υ,</u>		1	ı				

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	Are a partners 501(c) orgs	) all s sec. )(3) i.? <b>No</b>	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca	opor- nate tions?	or odriodalo it i	Gener mana partr Yes	ral or Figing ner?	(k) Percentage ownership